

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

ORIGINAL

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X
James Thomas 2411306976
Full name of plaintiff/prisoner ID#

Plaintiff,

JURY DEMAND
YES ☒ NO ☐

-against-

The City of New York
Department of Correction
C/O Martinez, et al,

Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

Defendants.
-----X

FILED
IN CLERK'S OFFICE
US DISTRICT COURT E.D.N.Y.

★ SEP 01 2015 ★

BROOKLYN OFFICE

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (☒)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: James Thomas

Defendants: C/O Martinez, et al,

2. Court (if federal court, name the district;
if state court, name the county)

NY NY

3. Docket Number: Can't Recall at moment

4. Name of the Judge to whom case was assigned: U/A

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)
Time expired

6. Approximate date of filing lawsuit: N/A

7. Approximate date of disposition: N/A

II. Place of Present Confinement: MDC 125 White St NY NY 10013

A. Is there a prisoner grievance procedure in this institution? Yes (☒) No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No (☒)

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not _____

I was told this is NONE grievable

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes (☒) No ()

F. If your answer is YES,

1. What steps did you take? I tried to file
a grievance

2. What was the result? NO result

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff James Thomas

Address M.D.C. 125 white st NY NY 10013

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

~~Capitain~~ ESU-C/O Martinez
AMKC-C-95 18-18 Hazen st
East Elmhurst NY 11370

Defendant No. 2

L/O ESU Capt Jhon doe

~~ESU-C/O~~
AMKC-C-95-18-18 Hazen st
East Elmhurst NY 11370

Defendant No. 3

L/O ESU Jhon doe

~~ESU-C/O~~
AMKC-C-95 18-18 Hazen st
East Elmhurst NY 11370

Defendant No. 4

L/O ESU L/O Jhon doe

~~ESU-C/O~~
AMKC-C-95 18-18 Hazen st
East Elmhurst NY 11370

Defendant No. 5

L/O ESU Jhon doe

~~ESU-C/O~~
AMKC-C-95 18-18 Hazen st
East Elmhurst NY 11370

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

on or about 5-3-2014 I was physically attacked in a use of force by ESU Correction Officers. I was in 13 upper housing area when ESU C/O came in housing area on search. C/O Martinez brought me to my cell #11 and being that I was not moving fast enough to him. Officer Martinez and other ESU C/O slam me on bed and punched and kicked me in the back head and jaw. Situation happen on camera

IV.A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I have life changing injuries of jaw and back pain. I received medical treatment and pain meds.

V. Relief:

State what relief you are seeking if you prevail on your complaint.

I would like all OFFICERS
arrested and I am requesting the
amount of ten million USA dollars
for my injuries

I declare under penalty of perjury that on 8-21-2015, I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 21 day of Aug, 2015. I declare under penalty of
perjury that the foregoing is true and correct.

James Thomas
Signature of Plaintiff

Name of Prison Facility

MDC 125 White st
NY NY 10013

Address

Prisoner ID# 2411306976